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<p><i>Effective on 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/538,491-Conf. #7065</td> </tr> <tr> <td>Filing Date</td> <td>June 9, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>GI-Bong KWON</td> </tr> <tr> <td>Examiner Name</td> <td>M. J. Brandt</td> </tr> <tr> <td>Art Unit</td> <td>2837</td> </tr> <tr> <td>Attorney Docket No.</td> <td>0630-2337PUS1</td> </tr> </table>		Application Number	10/538,491-Conf. #7065	Filing Date	June 9, 2005	First Named Inventor	GI-Bong KWON	Examiner Name	M. J. Brandt	Art Unit	2837	Attorney Docket No.	0630-2337PUS1
Application Number	10/538,491-Conf. #7065														
Filing Date	June 9, 2005														
First Named Inventor	GI-Bong KWON														
Examiner Name	M. J. Brandt														
Art Unit	2837														
Attorney Docket No.	0630-2337PUS1														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT	(\$)	120.00													

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account              Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	210	105					
Multiple dependent claims	370	185					
<u>Total Claims</u>	=	<u>Extra Claims</u> x	=	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>	=	<u>Extra Claims</u> x	=	<u>Fee Paid (\$)</u>			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): 1251 Extension for response within first month							120.00

<b>SUBMITTED BY</b>			
Signature <u>James T. Eller, Jr.</u>	Registration No. (Attorney/Agent) <u>39,538</u>	Telephone <u>(703) 205-8000</u>	
Name (Print/Type) <u>James T. Eller, Jr.</u>		Date <u>April 14, 2008</u>	